

# **Fact Sheet**

## **AB 2124 (Beall)**

### **Direct Billing for Screening and Brief Intervention Services**

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#### **PROBLEM**

Prenatal exposure to alcohol, tobacco and other drugs can severely damage the development, structure and functioning of the fetal brain. About 1 in 12 pregnant women nationwide reported consuming alcohol and about 1 in 30 pregnant women said they had engaged in binge drinking according to the US Center for Disease Control. More than any other drug, alcohol is most commonly used by pregnant women. As a result, fetal alcohol syndrome is one of the leading known preventable causes of birth defects and developmental disabilities.

Effective prevention, intervention and screening can reduce this needless suffering while significantly reducing long term healthcare costs. However, despite the evidence of their benefits, screenings and brief interventions have not yet been widely used in primary care settings, emergency rooms, state licensed facilities and clinics.

A new federal rule change allows California to receive federal revenue to perform Screening and Brief Intervention (SBI) services, making them more affordable. The availability of these Medicaid funds is the result of a new awareness of the high number of people who need intervention or treatment, according to the White House Office of National Drug Control Policy. The savings from SBI are estimated to be \$2.50 per \$1 spent and \$4 per \$1 in healthcare costs.

The adoption of the new HCSPCS codes can save Medicaid about \$520 billion annually while states would save almost \$500 million in Medicaid fees by screening and briefly treating emergency room patients for alcohol and drug use, according to the research professor who helped CMS devise the codes.

In order for providers to receive Medicaid reimbursement for SBI services, the state must activate two new billing codes and appropriate funds for these services. According to the Department of Health Care Services (DHCS), these codes have not been activated in California mainly due to the state's budgetary shortfalls. The Department believes activating these codes would result in upfront cost

related to increased reimbursements to providers who furnish these new SBI services.

It should be noted most counties already provide services in the emergency room for these adversely affected children and mothers. Services not covered by Medical are passed off onto the counties general fund for payment.

AB 2124 sets up a voluntary-participation program for counties that allows counties to provide the State's 50% share of cost.

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#### **THIS BILL**

Effective January 2007, the Centers for Medicare and Medicaid Services (CMS) approved two new level II Healthcare Common Procedure Coding System (HCPCS) codes that allow providers to bill and get reimbursement for alcohol and drug abuse Screening and Brief Intervention (SBI) services.

Assembly Bill (AB) 2124 would develop a pilot program to implement the two new codes. The bill sets up a voluntary-participation program for the counties allowing counties to provide the State's required 50% share of cost. AB 2124 would enable counties already providing these services to draw down federal revenue. For every local dollar invested, counties will receive a dollar match from the federal government.

This bill creates the Medi-Cal Alcohol and Drug Screening and Brief Intervention Services Matching Fund in the State Treasury, which would be administered by the State Department of Alcohol and Drug Programs, in collaboration with the State Department of Health Care Services, for the purpose of providing matching local funds received by the fund through intergovernmental transfers to a county agency to provide alcohol and drug screening and brief intervention services to Medi-Cal beneficiaries.

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#### **SUMMARY**

A typical Screening and Brief Intervention evaluates patients for potential substance abuse by asking a series of questions about their potential substance use. The questions are non-intrusive, take less than a few

minutes to perform and they can easily be integrated into the initial prenatal visit and used for follow-up screening through the pregnancy.

If the patient screens positive, indicating they are *at risk* for alcohol or other substance abuse, the provider will recommend a *brief* intervention that usually involves one or more short counseling sessions. Individuals who are considered high risk for abuse or addiction are given a brief intervention counseling session and are also schedule for a brief treatment appointment.

SBI can be routinely woven into primary and emergency medical care thanks to the adoption of a recent federal rule affecting coding on insurance claim forms. This rule adds two new codes to the level II Health Care Service Procedures Coding System (HCSPCS) used by Medicaid, Medicare and other third-party payors -- one code for drug and alcohol screening, and another code for brief intervention and counseling.

Due to the absence of state action, some counties have chosen to begin their own prenatal screening and brief interventions programs. Twenty counties have implemented the “4P’s Plus program.” An evaluation of those counties found a sharp decline in rates of substance abuse use during pregnancy and low birth weights. San Bernardino County recorded an 18 percent reduction in low birth weights over three years among women whose physicians provided screening and brief interventions compared with women whose physicians did not provide those services.

It is the hope of the author that AB 2124 will increase the use of this effective tool, make the services more affordable, and lead more counties to provide these critical screenings and brief interventions to help expectant mothers give birth to healthy babies.

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#### **STATUS/VOTES**

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#### **SUPPORT**

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None on File

#### **OPPOSITION**

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None on File

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